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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (HR. 4818).

**FEE TRANSMITTAL  
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$455.00)**Complete if Known**

Application Number	09/800/870
Filing Date	03/07/2005
First Named Inventor	Mary H. Romans
Examiner Name	Bertoglio, Valeria E.
Art Unit	1632
Attorney Docket No.	13629.0002.NPUS00

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 01-2508/13629.0002.NPUS00 Deposit Account Name: Howrey

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
	50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP	x	=
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =	x	=
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Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification,

\$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Req Extension of Time (\$60); RCE (\$395)

= 455.00

**SUBMITTED BY**

Signature	J. Wendy Davis	Registration No. (Attorney/Agent)	46,393	Telephone	713/787-1512
Name (Print/Type)	J. Wendy Davis			Date	2/11/2005

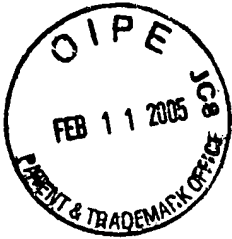
**CERTIFICATE OF EXPRESS MAILING**

NUMBER EL 831852172 US

DATE OF DEPOSIT 2/11/2005

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450.

Signature



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Mary Hannaman Romans

Group Art Unit: 1632

Serial No.: 09/800,870

Examiner: Bertoglio, Valerie E.

Filed: March 7, 2001

Atty. Dkt. No.: 13629.0002.000000

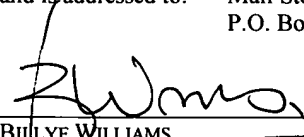
For: NON-TRAUMATIC MODEL FOR  
NEUROGENIC PAIN

**TRANSMITTAL FOR REQUEST FOR CONTINUED EXAMINATION  
UNDER 37 C.F.R. § 1.114**

**Mail Stop RCE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING VIA EXPRESS MAIL  
37 C.F.R. § 1.10**

Pursuant to 37 CFR 1.10, I hereby certify that this paper or fee is being deposited with the United States Postal Service as "EXPRESS MAIL, POST OFFICE TO ADDRESSEE" service on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria VA, 22313-1450.

  
BILLYE WILLIAMS

February 11, 2005

**EXPRESS MAIL LABEL: EL 831852172 US**

Sir:

Applicant submits herewith a Request for Continued Examination of the above-identified application and respectfully request reconsideration of the application.

Applicant submits herewith the following items:

1. Request for Continued Examination (Form PTO/SB/30), in duplicate;
2. Petition for One-Month Extension of Time to extend the period for reply to February 11, 2005; and
3. Return Postcard to acknowledge receipt of above-listed items.

The Commissioner is hereby authorized to deduct fees for said Request for Continued Examination (\$395.00) and Three-Month Extension of Time (\$60.00) from **Deposit Account Number 01-2508/13629.0002.NPUS00**.

Applicant believes no additional fees are due; however, should any fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to this document, the Commissioner is further authorized to deduct said additional fees from Deposit Account No. 01-2508/13629.0002.NPUS00.

The Examiner is invited to contact the undersigned attorney of record, as indicated below, with any questions, comments or suggestions relating to the referenced patent application.

Respectfully submitted,



J. Wendy Davis  
Reg. No. 46,393  
Patent Agent for Applicant

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Date: February 11, 2005